

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13047

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
c. LENGTH OF STAY (in this place) 8 years		d. STREET ADDRESS (If rural, give location) Leeper Hotel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			
3. NAME OF DECEASED a. (First) Alice b. (Middle) Josephine c. (Last) Brittan			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July-5-1872
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Capt. Joseph B. Kirk	
13b. MOTHER'S MAIDEN NAME Rosena Mast		14. NAME OF HUSBAND OR WIFE Mark Thomas Brittan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Kirk Cameron; Minneapolis, Minn.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <del>Cerebral</del> DUE TO (c) "77it"  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 days	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chillicothe Livingston Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 15, 1949, to April 19, 1949, that I last saw the deceased alive on April 18, 1949, and that death occurred at 2:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Joseph P. Conrad (Degree or title)		23b. ADDRESS Chillicothe, Mo	
23c. DATE SIGNED Apr. 21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21, '49	
24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery		24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri	
DATE REC'D BY LOCAL REG. April 21-49		REGISTRAR'S SIGNATURE Francis B. Neill	
25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo.		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 6 1949  
APR 19 1950

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Edwin J. Norman*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 40 36

P. O. Address Chillicothe, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.